

Linwood A. Jones

Attorney at Law

Member of  
NJ, NY and PA Bars

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March 13, 2009

Hon. Susan D. Wigenton, U.S.D.J.  
United States District Court, District of New Jersey  
M.L. King, Jr. Federal Building, Courtroom 5C  
Newark, NJ 07102

Re: USA v. Keith Stewart et als.  
Criminal No.: 08-346

Dear Judge Wigenton:

On behalf of defendant Keith Stewart, please accept the enclosed CJA 21 in connection with this application for the authorization to provide additional funds to Owl Investigations, Inc. pursuant to 18 U.S.C. Sec. 3006A(e)(1), to purchase equipment to analyze a surveillance system seized by government agents from the home of Mr. Stewart, located at 106 Richelieu Terrace, Newark, NJ On 2/13/08. As I informed your courtroom deputy yesterday, Tom Owens, of Owl Investigations, Inc. informed me yesterday that the DVR seized from the premises is malfunctioning and unable to read the tape.

I respectfully request authorization for \$500.00 allow Owl Investigations, Inc. to purchase another DVR..

Respectfully,



LINWOOD A. JONES

LAJ/laj

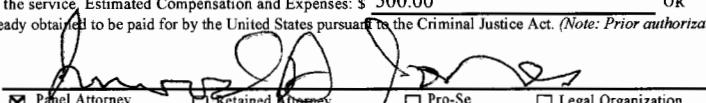
Enclosures

## CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 1/06)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED Keith Stewart		VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 08-346 (SDW)	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) USA v. KEITH STEWART	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*  
21 U.S.C. Sec. 841, 846, and 853; 18 U.S.C. Sec. 2

## REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation hereby request:  <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ 500.00 OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$500, excluding expenses)	Date 3/13/09
Signature of Attorney  <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization	ATTORNEY'S NAME (First Name, ALL, Last Name, including any suffix), AND MAILING ADDRESS Linwood A. Jones, Esq., 55 Washington Street, Suite 603 East Orange, NJ 07017
Telephone Number: 973-676-7439	

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Purchase equipment to Analyze Surveillance System.	14. TYPE OF SERVICE PROVIDER  <table border="0"> <tr><td>01</td><td><input type="checkbox"/> Investigator</td><td>15</td><td><input type="checkbox"/> Other Medical</td></tr> <tr><td>02</td><td><input type="checkbox"/> Interpreter/Translator</td><td>16</td><td><input type="checkbox"/> Voice/Audio Analyst</td></tr> <tr><td>03</td><td><input type="checkbox"/> Psychologist</td><td>17</td><td><input type="checkbox"/> Hair/Fiber Expert</td></tr> <tr><td>04</td><td><input type="checkbox"/> Psychiatrist</td><td>18</td><td><input checked="" type="checkbox"/> Computer (Hardware/Software/Systems)</td></tr> <tr><td>05</td><td><input type="checkbox"/> Polygraph</td><td>19</td><td><input type="checkbox"/> Paralegal Services</td></tr> <tr><td>06</td><td><input type="checkbox"/> Documents Examiner</td><td>20</td><td><input type="checkbox"/> Legal Analyst/Consultant</td></tr> <tr><td>07</td><td><input type="checkbox"/> Fingerprint Analyst</td><td>21</td><td><input type="checkbox"/> Jury Consultant</td></tr> <tr><td>08</td><td><input type="checkbox"/> Accountant</td><td>22</td><td><input type="checkbox"/> Mitigation Specialist</td></tr> <tr><td>09</td><td><input type="checkbox"/> CALR (Westlaw/Lexis, etc.)</td><td>23</td><td><input type="checkbox"/> Duplication Services (See Instructions)</td></tr> <tr><td>10</td><td><input type="checkbox"/> Chemist/Toxicologist</td><td>24</td><td><input type="checkbox"/> Other (Specify)</td></tr> <tr><td>11</td><td><input type="checkbox"/> Ballistics</td><td></td><td></td></tr> <tr><td>12</td><td><input type="checkbox"/> Weapons/Firearms/Explosive Expert</td><td></td><td></td></tr> <tr><td>13</td><td><input type="checkbox"/> Pathologist/Medical Examiner</td><td></td><td></td></tr> <tr><td>14</td><td></td><td></td><td></td></tr> </table>	01	<input type="checkbox"/> Investigator	15	<input type="checkbox"/> Other Medical	02	<input type="checkbox"/> Interpreter/Translator	16	<input type="checkbox"/> Voice/Audio Analyst	03	<input type="checkbox"/> Psychologist	17	<input type="checkbox"/> Hair/Fiber Expert	04	<input type="checkbox"/> Psychiatrist	18	<input checked="" type="checkbox"/> Computer (Hardware/Software/Systems)	05	<input type="checkbox"/> Polygraph	19	<input type="checkbox"/> Paralegal Services	06	<input type="checkbox"/> Documents Examiner	20	<input type="checkbox"/> Legal Analyst/Consultant	07	<input type="checkbox"/> Fingerprint Analyst	21	<input type="checkbox"/> Jury Consultant	08	<input type="checkbox"/> Accountant	22	<input type="checkbox"/> Mitigation Specialist	09	<input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	23	<input type="checkbox"/> Duplication Services (See Instructions)	10	<input type="checkbox"/> Chemist/Toxicologist	24	<input type="checkbox"/> Other (Specify)	11	<input type="checkbox"/> Ballistics			12	<input type="checkbox"/> Weapons/Firearms/Explosive Expert			13	<input type="checkbox"/> Pathologist/Medical Examiner			14			
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15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in item 12 is hereby granted.	
Signature presiding Judge or By Order of the Court	
Date of Order	Nunc Pro Time Date
Repayment or partial repayment ordered from the person represented for this service at time of authorization.	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
CLAIM FOR SERVICES AND EXPENSES	
16. SERVICES AND EXPENSES (Attach itemization of services with dates)	
17. PAYEE'S NAME AND MAILING ADDRESS Tom Owen, Owl Investigations, Inc. 758 S. Middlesex Ave., Colonia, NJ 07067	18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.
19. TOTAL COMPENSATION	
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21. OTHER EXPENSES	
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